


*RETURN TO FMF - LOCATION 7540

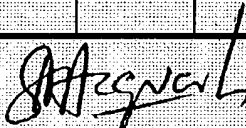
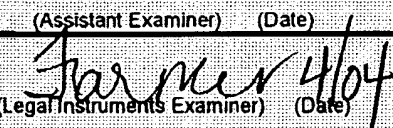
Pre-Edit

QUERY CONTROL FORM		RTIS USE ONLY	
Application No. <u>09/937 388</u>	Prepared by <u>RWP</u>	Tracking Number	
Examiner-GAU <u>Samuel A Acquah</u>	Date <u>5-17-04</u>	Week Date	
<u>1711</u>	No. of queries <u>2 CA</u>		

JACKET			
a. Serial No.	f. Foreign Priority	k. Print Claim(s)	p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	q. PTOL-85b
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other

SPECIFICATION	MESSAGE
a. Page Missing	<p><u>Improper Dependency - Final Claims</u> <u>20, 21, 22 and 23 depend on higher final</u> <u>claim 41 (original claim 78). Please resolve</u></p>
b. Text Continuity	
c. Holes through Data	
d. Other Missing Text	
e. Illegible Text	
f. Duplicate Text	
g. Brief Description	
h. Sequence Listing	
i. Appendix	
j. Amendments	
k. Other	<p>Thanks</p>
CLAIMS	
a. Claim(s) Missing	
<input checked="" type="radio"/> b. Improper Dependency	
c. Duplicate Numbers	
d. Incorrect Numbering	
e. Index Disagrees	
f. Punctuation	
g. Amendments	
h. Bracketing	
i. Missing Text	
j. Duplicate Text	
k. Other	
RESPONSE	
<p><u>Index of claims corrected.</u></p>	
initials <u>RWP</u>	
initials <u>JBH</u>	

Issue Classification 	Application No.	Applicant(s)	
	09/937,388	KLENK, KLAUS	
	Examiner	Art Unit	
	SAMUEL A. ACQUAH	1711	

ISSUE CLASSIFICATION												
ORIGINAL				CROSS REFERENCE(S)								
CLASS		SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)							
521		48.5		528	488	489	503					
INTERNATIONAL CLASSIFICATION				425	110							
C	0	8	J									
				11/04								
				/								
				/								
				/								
				/								
				 SAMUEL A. ACQUAH 04/04/04 (Primary Examiner) (Date)				Total Claims Allowed: 41 O.G. Print Claim(s) 1 O.G. Print Fig. 1				
 (Assistant Examiner) (Date)												

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
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	2	3	32	20	62		92		122		152		182		
	3		33	21	63		93		123		153		183		
	4	4	34	22	64		94		124		154		184		
	5	5	35	23	65		95		125		155		185		
	6	6	36	24	66		96		126		156		186		
	7	7	37	25	67		97		127		157		187		
	8	8	38	26	68		98		128		158		188		
	9	9	39	27	69		99		129		159		189		
	10		40	28	70		100		130		160		190		
	11		41	29	71		101		131		161		191		
	12		42	30	72		102		132		162		192		
	13		43	31	73		103		133		163		193		
	14		44	32	74		104		134		164		194		
	15	10	45	33	75		105		135		165		195		
	16	11	46	34	76		106		136		166		196		
	17		47	35	77		107		137		167		197		
	18		48	36	78		108		138		168		198		
	19	12	49		79		109		139		169		199		
	20	13	50		80		110		140		170		200		
	21	14	51		81		111		141		171		201		
	22	15	52		82		112		142		172		202		
	23	16	53		83		113		143		173		203		
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	25	18	55		85		115		145		175		205		
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	27	37	57		87		117		147		177		207		
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	29	39	59		89		119		149		179		209		
1	30	40	60		90		120		150		180		210		